

GAU 16-32
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

142

Application Number 09/254,617

Filing Date March 22, 1999

First Named Inventor Jacques Mallet et al.

Group Art Unit 1632

Examiner Name A. Baker

Attorney Docket Number ST96025

TECH CENTER 1600
OCT 25 2001

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ENCLOSURES (check all that apply)

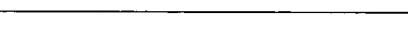
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Translation of French priority document
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	FR 96/11186
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David J. Kulik
Signature	
Date	October 23, 2001

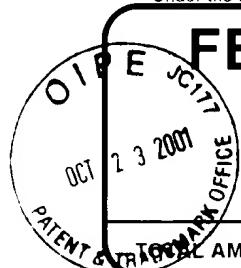
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

400 00

Complete if Known

Application Number	09/254,617
Filing Date	03/22/1999
First Named Inventor	JACQUES MALLET et al.
Examiner Name	A. Baker
Group Art Unit	1632
Attorney Docket No.	ST96025

TECH CENTER 1600/290

OCT 23 2001

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-1129
Deposit Account Name	David J. Kulik

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	<input type="checkbox"/>	-20** = <input type="checkbox"/>	X <input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims	<input type="checkbox"/>	- 3** = <input type="checkbox"/>	X <input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent	<input type="checkbox"/>		<input type="checkbox"/>	= <input type="checkbox"/>

Extra Claims Fee from below Fee Paid

Large Entity Small Entity

Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1,440	218	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,280	241	640	Petition to revive - unintentional
142	1,280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	David J. Kulik	Registration No. (Attorney/Agent)	36,576	Telephone	202.719.7000	
Signature					Date	10/23/2001

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